

# Appendix A Damage Assessment Forms

**SPECIAL NOTE:**

All Forms in Appendix A can be downloaded from our Web  
Site at:

[www.greenalert.net](http://www.greenalert.net)

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## Business & Residential Structural Value Worksheet

When an emergency or disaster occurs, a need exists to determine the damages that were caused by the disaster. This information is required to determine the severity of the disaster, but more important to determine what kinds of disaster assistance may be required. Some of the most frequent types of damages are those to residential structures, including, business structures, single family residences, duplexes or townhomes, apartment complexes, mobile homes, and vacation or resort cabins.

The value of residential structures varies considerably because of a number of factors, including size, age, condition, and location. Because of these factors, particularly the location, this worksheet cannot pre-determine residential structure values and should only be used as an estimate. Those having the most knowledge about such values include, local building assessors, local appraisers, local real estate agents, and insurance adjusters. The Business & Residential Structure Value Worksheet below should be filled in with the aid of such knowledgeable persons.

<b>Business &amp; Residential Structural Value Worksheet</b>	
<i>Location or Grid #</i>	<b>Typical Structure Value</b>
<b>Type of Structure</b>	<b>Average Value</b>
Businesses (each unit)	\$ _____
Small homes or cottages two bedrooms or less and 1,000 square feet or less	\$ _____
Average home — two to four bedrooms and 1,000 to 2,000 square feet	\$ _____
Large home — four or more bedrooms and over 2,000 square feet	\$ _____
Apartments (each unit)	\$ _____
Single wide mobile homes	\$ _____
Double wide mobile homes	\$ _____
Duplexes or townhomes (each unit priced the same as similar sized homes)	\$ _____
Condominiums (each unit priced the same as similar apartments)	\$ _____

<b>Windshield Survey Form DA-1    GRID</b>									
County: _____		City: _____		Sub-division: _____		Disaster Description: _____			
Survey Area Boundaries:		North Street: _____		South Street: _____		East Street: _____			
Surveyed By: _____		Title: _____		Phone: _____		Date: _____			

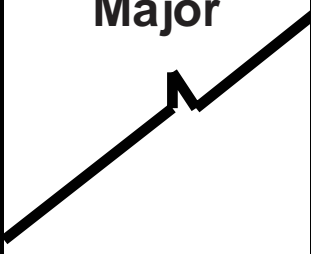
  

Type	Destroyed	Destroyed Total	Major	Major Total	Minor	Minor Total	Affected	Not Habitable	% Insurance	Total
Single Family Structure										
Multiple Family Structure										
Mobile Homes										
Other										
Businesses										
<b>TOTALS</b>										

Windshield Survey Form DA-1

Damage Levels and Conditions for Windshield Survey	
Damage Level	Conditions Present in Residential & Business Assessment
<b>Destroyed 80%</b>	<ul style="list-style-type: none"> <li>• Water above the first-floor doorknob</li> <li>• Two or more basement walls collapsed</li> <li>• Structure leveled above foundation</li> <li>• Second floor is gone</li> <li>• Two exterior walls collapsed</li> <li>• Moved off foundation</li> </ul>
<b>Major 30%</b>	<ul style="list-style-type: none"> <li>• Water on first floor 6 inches to doorknob</li> <li>• Water on main floor more than 24 hours</li> <li>• Foundation damaged (bowed or collapsed wall)</li> <li>• One exterior wall collapsed, exterior frame damage (bowed walls-non cosmetic), roof off or collapsed, 6 inches or less of water in a mobile home</li> <li>• Exits blocked in addition to other damage</li> <li>• One room destroyed (pertains to apartment renters)</li> <li>• Accessory/service/outbuildings damaged (business)</li> <li>• Production equipment/office equipment (business)</li> <li>• Utilities damaged to include well, septic system, electrical service, and gas</li> </ul>
<b>Minor 5%</b>	<ul style="list-style-type: none"> <li>• Carpets soaked on first floor</li> <li>• Damage to the home's mechanicals such as furnace, water heater, baseboard heat, and air conditioner in need of repair or replacement</li> <li>• Sewer backup or flood water in unfinished basement</li> <li>• Insulation damage in crawl space or mobile home belly board</li> <li>• Interior floor, walls; minor structural damage to exterior walls</li> <li>• Trees fallen on structure, minor damage to exterior walls and interior floor</li> <li>• Shingles/roofing removed or damaged exposing the sheathing</li> <li>• Business inventory destroyed (business), fire escape not usable (pertains to businesses and multi-family units), fleet/vehicle damage (business)</li> </ul>
<b>Affected but Habitable</b>	<ul style="list-style-type: none"> <li>• Less than 6 inches of water in unfinished basement</li> <li>• Cosmetic damages to shutters, gutters, shingles, and siding</li> <li>• Porch damage/deck damage</li> <li>• Downed trees in yard that do not impede access to home</li> <li>• Fireplace/wood burner chimney damage</li> <li>• Broken windows, parking lot damage (business), business signs damaged (business), damage to landscaping (business)</li> </ul>
<b>Inaccessible</b>	<ul style="list-style-type: none"> <li>• Damage to public or private roads/culverts that impede normal access to primary residence</li> <li>• House surrounded by water and only accessible by boat</li> <li>• Only access is by driving through farm field</li> </ul>
<b>Insurance</b>	<ul style="list-style-type: none"> <li>• In estimating insurance coverage, renters are less likely to have insurance. Low income residents are less likely to have insurance. Homeowners who are still paying off their mortgage normally have the appropriate type of insurance. Residents who are flooded and reside in an area that does not participate in the NFIP or in an area that has been sanctioned for NFIP code enforcement violations will not have flood insurance. Residents who are flooded but whose property is not located in the Special Flood Hazard Area (SFHA) will probably not have flood insurance.</li> </ul>

Program-Referenced Damage Levels			
Local/State	FEMA	SBA	Red Cross
Destroyed	Destroyed	Major	Destroyed
Major	Major		Major
Minor	Minor		Minor
Affected but Habitable	Affected but Habitable	Minor	Affected but Habitable
Inaccessible	Inaccessible	Inaccessible	Inaccessible



The above chart titled "Program-Referenced Damage Levels" provides a general indication of the damage designation that various assistance programs and agencies assign to damage conditions.



Structure Habitability		Damage by Percent of Value	
This system may be used in addition to the percent of value system. This system divides the residences into categories not based on dollar damages but upon the habitability of the structure; can it be lived in? Common habitability categories are:		In this system the damage assessor divides damaged residences into damage categories; each category representing a range of percent of damage based on the value of the structure (preceding section). Percent damage categories to be used are:	
<b>Habitable</b>	The residence can be occupied after repairs are accomplished. These repairs should be those that can be accomplished within a comparatively short time; one to two weeks.	<b>Minor Damage</b>	The structure may still be used for its intended purpose or may be restored to service with minimal repairs. The damage constitutes less than 10 percent of the value of the structure and averages about <b>5 percent</b> .
<b>Habitable With Minimum Repair</b>	The residence cannot be occupied within a comparatively short time, if ever, because the necessary repairs are too time consuming or not practical.	<b>Major Damage</b>	The structure cannot be used or may be used under limited conditions or reduced levels of service or may be restored to use with extensive repairs. The damage is over 10 percent but less than 80 percent of the structure's value and averages at <b>30 percent</b> .
<b>Not Habitable or Destroyed</b>	The residence cannot be occupied within a comparatively short time, if ever, because the necessary repairs are too time consuming or not practical.	<b>Destroyed</b>	The structure no longer exists or is damaged to the extent that it is no longer usable and that restoration to use is not technically or economically feasible. The structure is damaged to over 80% of its value and usually will not be repaired. Assume <b>80 percent</b> damage for these situations.

Figure 3.8 — Structure Habitability and Percent of Value Charts

Windshield Survey—Individual Assistance Team GRID AREA - _____								
Number of Structures & Estimated Damage Costs Form IAF-1								
Individual Assistance Assessment	Average Property Value (1)	Number Destroyed 80% (2)	Destroyed Repair Cost (3)	Number Major Damage 30% (4)	Major Repair Cost (5)	Number Minor Damage 5% (6)	Minor Repair Cost (7)	Total Damage Costs (8)
Low-Cost Homes (9)								
Medium-Cost Homes (10)								
High-Cost Homes (11)								
Mobile Homes (12)								
Businesses (13)								
Multiple-Dwelling Homes (14)								
Other - (15)								
Other - (15)								
Other - (15)								
<b>TOTAL DAMAGES (16)</b>								

Figure 3.10 - Windshield Survey—Individual Assistance Form IAF-1

Individual Assistance Reporting Worksheet					
City/County		State	Person Filing Report (Name Title)		
PEOPLE AFFECTED			ASSISTANCE PROVIDED		
Deaths	Injuries	Missing	Persons Evacuated	Persons in Public Shelters	
RESIDENTIAL HOUSING		Primary		Secondary	
		Number	Value (if Known)	Number	Value (if Known)
Houses destroyed (ARC) <sup>3</sup>			\$		\$
Houses with major damage (ARC) <sup>2</sup>			\$		\$
Houses with Minor Damage (ARC) <sup>1</sup>			\$		\$
Houses Affected			\$		\$
Mobile Homes Destroyed (ARC) <sup>3</sup>			\$		\$
Mobile Homes Severely Damaged (ARC) <sup>2</sup>			\$		\$
Mobile Homes Moderately Damaged (ARC) <sup>1</sup>			\$		\$
Mobile Homes Affected			\$		\$
TOTAL			\$		\$
Total Residential (primary plus secondary)					\$
BUSINESS					
Businesses Affected				\$	
Number Now Unemployed					
Estimated Duration of Unemployment (weeks)					
TOTAL BUSINESS				\$	
AGRICULTURE (from Form DA-BIZ-AG-1)					
Farm Buildings and Equipment				\$	
Crop Land (all crops)				\$	
Livestock				\$	
TOTAL AGRICULTURE				\$	
INDIVIDUAL DAMAGE TOTAL				\$	

# Site Estimate - Housing Losses

(1) County: \_\_\_\_\_ (2) City: \_\_\_\_\_ (3) State \_\_\_\_\_ (4) Damage Assessment Team \_\_\_\_\_ of \_\_\_\_\_

(5) Incident Period: \_\_\_\_\_ (6) Date of Survey \_\_\_\_\_ (7) Page \_\_\_\_\_ of \_\_\_\_\_

(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Ref #	Name Address Phone	Type of Structure SF MP MH	Damage Category Destroyed Major Minor	Water Level in Structure (In Feet)	Esti- mated Income High Medium Low	Structure Occupied Yes No	Status Own Rent	Residence Primary or Secondary	Fair Replacement Value	Estimated Loss \$	Anticipated Insurance \$	Amount of Insured Loss	Percent of Insured Loss
									Structure Contents				
									Structure Contents				
									Structure Contents				
									Structure Contents				
									Structure Contents				
									Structure Contents				
									Structure Contents				
TOTALS		SF _____ MF _____ MH _____	DEST _____ MAJ _____ MIN _____		H _____ M _____ L _____	Y _____ N _____	Y _____ N _____	P _____ S _____	Structure Contents	\$ _____	\$ _____	\$ _____	

## **Instructions for Site Assessment Housing Losses**

- (1) County where the damage is located
- (2) City if in the *corporate* limits
- (3) Note the type of incident
- (4) Identity the team members
- (5) Date(s) of the incident
- (6) Date(s) of the survey
- (7) Page number
- (8) Locally established reference number - 1,2,3. ..etc.
- (9) Name of occupant, street address, phone
- (10) Type of Structure ( SF - Single Family, MH - Mobile Home, MF - Multi-Family)
- (11) Damage Category - Destroyed, Major, Minor
- (12) Water Level in Structure (in feet)
- (13) Estimated income (High, Medium, Low)
- (14) Is structure occupied?
- (15) Own/rent
- (16) Primary/Secondary Residence — secondary structure is occupied; evaluate extent of damage and % of uninsured loss to the tenant's property and evaluate extent of damage and % of uninsured loss to the owner's property)
- (17) Fair Replacement Value (structure and contents)
- (18) Estimated dollar loss
- (19) Anticipated insurance
- (20) Amount of uninsured loss (subtract the anticipated insurance from the estimated loss)
- (21) Percent of uninsured loss (divide the amount of uninsured loss by the fair replacement value)

## Site Estimate Business Losses

(1) County: \_\_\_\_\_ (2) City: \_\_\_\_\_ (4) Damage Assessment Team \_\_\_\_\_

(5) Incident Period: \_\_\_\_\_ (6) Date of Survey \_\_\_\_\_ (7) Page \_\_\_\_\_ of \_\_\_\_\_.

REF NO. (8)	Name of Business Name of Tenant/Owner Type of Business Street Address Phone No. (9)	Estimated Days out of Operation (10)	Employees		Fair Replacement Value (13)	Estimated Dollar Loss (14)	Amount of Anticipated Insurance (15)	% Uninsured Loss (16)	IF Column 16 is:	
			No. (11)	UI (12)					< 40% MIN (17)	> 40% MAJ (18)
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			
					Contents \$ _____ Structure \$ _____ Land: \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____			

### Instructions for Site Assessment Business Losses

- (1) County where the business is located
- (2) City, if in the corporate limits
- (3) Note the type of incident
- (4) Identify the team members
- (5) Date(s) of the incident
- (6) Date(s) of the survey
- (7) Page number
- (8) Reference number (for local use)
- (9) Name of business, tenant/owner, street address and phone number and type of business; note that if the business is renting building space, the building owner will need to be contacted to determine the extent of structure damage and percent of uninsured loss.
- (10) Estimated days business will be out of operation
- (11) Total number of employees
- (12) Number of employees in which unemployment insurance is carried
- (13) Fair replacement value, for this purpose, is the cost to replace equivalent real/ personal property, or the fair market value of the pre-disaster property, whichever is less for each potential applicant.
- (14) Estimated dollar loss
- (15) The amount of anticipated insurance. Anticipated insurance is normally calculated by subtracting any deductible, depreciation or unrecoverable loss from the estimated repair cost.
- (16) Percentage of uninsured loss. Uninsured loss for this purpose, is the dollar amount of damage less any insurance received to repair that damage.  
  
$$\frac{\text{Dollar value of uninsured loss}}{\text{value}} = \text{Percent of uninsured loss fair replacement value}$$
- (17) If column 16 is less than 40 percent, it is considered minor damage
- (18) If column 16 is greater than 40 percent, it is considered major damage

Project Worksheet					
Special Location Information					
Declaration #	Project #	FIPS #	Date	Category	
Damaged Facility			Work Complete as of:		
			Date	Percent	
Applicant			County		
Location		Latitude		Longitude	
Damage Description and Dimensions					
Scope of Work					
Does the Scope of Work change the pre-disaster conditions at the site?				Yes or No	
Special Considerations issues included?				Yes or No	
Hazard Mitigation proposal included?				Yes or No	
Is there insurance coverage on this facility?				Yes or No	
Project Cost					
Item	Code	Narrative	Quantity/ Unit	Unit Price	Cost
				Total Cost	
Prepared by:					

### PROJECT WORKSHEET – INSTRUCTIONS (FEMA Based)

The Project Worksheet must be completed for each identified damaged project. Projects with estimated or actual cost of damage greater than \$47,100 are large projects. Projects with estimated or actual cost of damage less than \$47,100 are small projects.

**Declaration No:** Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-TN", etc.).

**Project No:** Indicate the project designation number you established to track the project in your system (i.e. 1, 2, 3, etc.).

**FIPS No:** Indicate your FIRS number within this space. This is optional.

**Date:** Indicate the date the worksheet was prepared in MM/DD/YY format.

**Category:** Indicate the category of the project according to FEMA specified work categories. This is optional.

**Applicant:** Name of the governmental or other legal entity to which the funds will be awarded.

**County:** Name of the county where the damage is located. If located in multiple counties, indicate '~Multi-County.'

**Damage facility:** Identify the facility and describe its basic function.

**Work Complete as of:** Indicate the date that the work was examined in the format of MM/DD/YY and the percentage of work completed to that date.

**Location:** This item can range anywhere from an "address," "intersection of..." "1 mile south of ..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.

**Damage Description and Dimensions:** Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

**Scope of Work:** List work that has been completed, and work to be completed, which is necessary to repair disaster-related damage. Include items recorded on the preliminary damage assessment.

**Does the Scope of Work change the pre-disaster conditions of the site:** If the work described under the Scope of Work changes the facilities conditions (i.e. increases I decreases the size or function of the facility or does not replace damaged components in kind with like materials), check **Yes**. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check **no**.

**Special Considerations:** If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Guidelines* for further information.

**Hazard Mitigation:** If the pro-disaster conditions at the

site can be changed to prevent the disaster-related damage, check **Yes**. If no opportunities for hazard mitigation exist check **No**. Appropriate action will be initiated and avoid delays in funding. Refer to the FEMA *Applicant Handbook* for further information.

**Is there insurance coverage on this facility:** Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages, from insurance or any other source. Check **Yes** if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

### Project Cost

**Item:** Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

**Code:** If using the FEMA cost codes, place the appropriate number here.

**Narrative:** Indicate the work, material or service that best describes the work (i.e. 'force account labor overtime', '42 in. Dia. RCP', 'sheet rock replacement', etc.).

**Quantity Unit:** List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.). **Unit Price:** Indicate the price per unit.

**Cost:** This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books that lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.

**Total Cost:** Record total cost of the project.

**Prepared By:** Record the name and title of the person completing the Project Worksheet.

### Record Requirements

Please review the *Applicant Handbook* for detailed instructions and examples. For all completed work, the applicant must keep the following records:

- Force account labor documentation sheets identifying the employee, hours worked, date and location;
- Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- Material documentation sheets identifying the type of material, quantity used and cost;
- Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to

Figure 3.17 Project Worksheet Instructions Form DA-BIZ-PW-1



Public Assistance Damage Assessment Summary Worksheet		
Original	Revision	Date:
Type of Disaster:		Date (s) of Occurrence
Jurisdiction (town, county, agency, etc.):		County:
Information Provided By:		
Name:		Title:
Address:		Day Phone:
		Evening Phone:
CATEGORY	PUBLIC INFRASTRUCTURE DAMAGE	
A	<b>Debris Removal:</b> - Trees, building wreckage, sand, mud, silt, gravel, vehicles, and other disaster-related material.	\$
B	<b>Emergency Protective Measures:</b> - Sandbagging, barricades, signs, extra police and fire, and emergency health measures.	
C	<b>Roads and Bridges:</b> - Roads, culverts, bridges, and associated facilities.	
D	<b>Water Control Facilities:</b> - Dams, reservoirs, shore protective devices, pumping and irrigation facilities, drainage channels, and levees.	
E	<b>Buildings and Equipment:</b> Buildings, supplies, inventory, vehicles, and equipment.	
F	<b>Utilities:</b> - Water treatment plants and delivery systems, power generation and distribution facilities, sewerage collection systems and treatment plants.	
G	<b>Parks, Recreational, and Others:</b> - Playground equipment, swimming pools, bath houses, tennis courts, boat docks, piers, picnic tables, cemeteries, and golf courses.	
TOTAL		\$
Private Nonprofit: - Educational, medical, custodial care, emergency (Fire departments, search and rescue, and ambulances), utility, and other (museums, community centers, libraries, homeless shelters, senior citizen centers, health and safety services).		
PUBLIC DAMAGE—GRAND TOTAL		\$

KEY FOR DAMAGE CATEGORY (Use appropriate letters in the "category" blocks below)			
A. Debris Clearance B. Protective Measures C. Road Systems		D. Water Control Facilities E. Buildings and Equipment F. Public Utility System	
		G. Other	
Site #	LOCATION (Use map location, address, etc.)		Category
Description of Damage			
Impact	Insurance	% Complete	Cost Estimate

**Example of Form used in the State of Texas to Report Public Assistance Damages**

**PUBLIC ASSISTANCE DAMAGE ASSESSMENT CHECKLIST  
(To Prepare for State and/or Federal Inspectors)**

In order to expedite the damage assessment process, applicants should take the following steps before the arrival of the State and Federal assessment team:

- \_\_\_ 1. Mark the location of each damage site on a suitable map and develop a route of travel to each site. Segregate damage/work activities into the seven categories of work, listed on the front of this worksheet. All damage sites should be identified by the applicant before the inspectors arrive.
- \_\_\_ 2. Ensure that the person designated to accompany the survey team is knowledgeable of the repairs already made and the location of all other damage sites which need to be repaired/surveyed.
- \_\_\_ 3. Have photographs, site sketches or drawings of each damage site available for the inspectors (especially where work has already been performed).
- \_\_\_ 4. Compile a detailed breakdown of labor (including fringe benefits), equipment, and material costs for each location where work has been completed or is in progress. While a variety of forms can be used to summarize these items, the format chosen must document the type and location of work performed on a daily basis.
- \_\_\_ 5. Record force account equipment use in a manner compatible with the FEMA Schedule of Equipment Rates. Keep damaged equipment and parts for review and inspection by the survey team.
- \_\_\_ 6. List equipment, materials or inventory lost as a result of the disaster. Provide copies of estimates, bids, purchase orders, invoices, inventory records or other substantiating evidence to verify loss values or replacement cost.
- \_\_\_ 7. Be prepared to describe to the inspectors which sites will be repaired by contract and those which will be repaired by force account. If a contractor's estimate/bid has been received, have it available for the inspectors.
- \_\_\_ 8. Provide inspectors with policy information on insurance coverage and any proceeds received or anticipated.

**Figure 3.22—Example**

**Source: GOVERNOR'S DIVISION OF EMERGENCY MANAGEMENT, TEXAS DEPARTMENT OF PUBLIC SAFETY  
PUBLIC PROPERTY SITE ASSESSMENT WORKSHEET DEM 25**

**Damage Assessment General Items Checklist 1**

In conducting the damage assessment, you will be gathering information needed to point out an accurate mental picture of the damage, and of its impact on the people and their communities. The subjects listed below represent important aspects of assessments, which may be applicable to the situation you are assessing.

In each of your basic areas of damage assessment, it is assumed that you will obtain basic information on numbers and dollars (the number of people unemployed by the disaster, and number of homes destroyed, the number of businesses damaged, etc.). In addition to these basic measures, however, you should consider the following subjects, determine whether they are applicable to your situation, and if they are, include them in your description of the impact of the damage on the area.

1. **Area** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(whether it's primarily rural, suburban, or urban, or a combination of the three may be important)*

2. **Debris** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(It may pose a health hazard, prevent access to homes, or block roads.*

3. **Type of Incident** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(earthquake, flooding, tornado, hurricane, etc. describe) -(Consider such things as depth of water, length of time the area was flooded, whether the flood water was fast moving, whether it contained harmful chemicals).*

4. **Transportation Need** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(An estimate of the need for transportation by either public or private means).*

5. **Death/Injury Impact** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(The incidence of death and injury is important and should be reported especially where it results in special needs emergency medical care, public health assistance, etc.).*

### Damage Assessment General Items Checklist 1

**6. Personal Property Loss** \_\_\_\_\_

\_\_\_\_\_  
*(An estimate of the extent of personal property loss).*

**7. Economic Description** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**8. Availability of Local Resources** \_\_\_\_\_

\_\_\_\_\_

**9. Emergency Food/Shelter** \_\_\_\_\_

\_\_\_\_\_  
*(If there is a significant number of displaced people, identify where they are and if mass feeding is required).*

**10. Nature of the Threat** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*(Note the condition which threatens public health, safety, and/or property, and describe the threat).*

**11. Nature of Protective Work** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*(Include such measures as pumping, sandbagging, vector control, stream clearance, etc. Describe what needs to be done).*

**12. Impact** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*(Determine what essential services, if any, are affected by the threatening situation).*

**13. Local Response** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*(Describe what the local and state governments and or private volunteer groups are doing to deal with the problem, and the need, if any, for additional resources to combat it).*

## Damage Assessment Private Residences Checklist 2

1. **Transient Accommodations** \_\_\_\_\_  
 \_\_\_\_\_  
*(Their availability, in terms of hotel/motel rooms, etc.)*
2. **Rental Housing** \_\_\_\_\_  
 \_\_\_\_\_  
*(Its availability in such categories as single family, attached, multi-family, etc)*
3. **Mobile Homes** \_\_\_\_\_  
 \_\_\_\_\_  
*(Their acceptability and extent of their use in the area. Also, the extent of pad vacancy in local mobile home parks)*
4. **Utilities** \_\_\_\_\_  
 \_\_\_\_\_  
*(Their operational status. If out of commission, for how long? Are service outages widespread or concentrated?)*
5. **Construction Types** \_\_\_\_\_  
 \_\_\_\_\_  
*(Prevalent types used in the area (brick, wood frame, concrete block, basement, or on a slab, etc.)*
6. **Dwelling Types** \_\_\_\_\_  
 \_\_\_\_\_  
*(A general description of the types of housing damaged by the disaster (single family homes, apartments, mobile homes, etc.)*
7. **Dwelling Values** \_\_\_\_\_  
 \_\_\_\_\_  
*(Damaged homes may be low, medium or high cost homes for the area.)*
8. **Insurance Coverage** \_\_\_\_\_  
 \_\_\_\_\_  
*(A general estimate of the percentage of damaged homes and personal property covered by insurance. Identify your source of information)*

Note: This form should accompany the Damage  
Assessment Residences Form INT-92-102

### Damage Assessment Private Business Checklist 3

**1. Types of Businesses** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(A description of the types of businesses and business inventories affected and the impact on the community)

**2. Recovery Time** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(An estimate of how long it will be before businesses will be restored and back in operation again)

**3. Construction Types** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(Prevalent types used in the area (brick, wood frame, concrete block, basement, or on a slab, etc)

**4. Available Business Rentals** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(Their availability and location)

**5. Insurance Coverage** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(A general estimate of the percentage of damaged businesses covered by insurance. Identify your source of information)

**Note: This form should accompany the Damage Assessment Businesses  
Form INT-103**

Agriculture Natural Disaster Damage Assessment Report Form DA-BIZ-AG-1			State (1)	County (2)	Number of Farmers in County In Business as an Owner-Operator or Tenant –Operator (3)				
Disaster Date (4)		Brief Description of Disaster (5)		Concurrence with Reported Data (6)		CEB		SEB	
						Yes/No	Number	Yes/No	Number
Crops (7)	Acres Normally Grown in County (8)	Acres Normally Grown in County in Disaster Year (8)	Disaster Year Yield Per Acre for Acres Grown in Disaster Year (10)	Acres not Planted in the Disaster Year (11)			Number of Farmers with Production Losses (14)		Number (14a)
							100% Losses		
							90 to 100% Losses		
							80 to 89% Losses		
							70 to 79% Losses		
							60 to 69% Losses		
							50 to 59% Losses		
							40 to 49% Losses		
							30 to 39% Losses		
							20 to 29% Losses		
							10 to 19% Losses		
							Less than 20% Losses		
							# with Physical Losses		
							Major		
							Minor		
Livestock & Poultry	Number and Kind Destroyed (15)	Loss Dollars (16)	Farm Buildings and Equipment	# Destroyed (17)	# Major Damage	# Minor Damage	Loss (Dollars) (18)		
Cattle			Homes						
Sheep			Mobile Homes						
Hogs			Service Buildings						
Poultry			Machinery and Equipment						
Aquacul- ture			Other						
Remarks (19)									

Form DA-BIZ-AG-1

## Damage Assessment Situation Report Form INT-92-105, Page 1 of 2

1. Reporting location \_\_\_\_\_
2. Cause of Damage \_\_\_\_\_
3. Area Affected \_\_\_\_\_

**NOTE: If this is a county report but does not include affected cities and towns in the county, specify the city or towns excluded. (Example Arapahoe County in Colorado has Englewood).**

### 4. Persons Affected (insert numbers in spaces provided)

A.	Killed		B.	Injured		C.	Sick	
D.	Displaced		E.	Missing		F.	Hospitalized	

### 5. Damage to Essential Facilities (indicate capacity lost and estimated dollar loss)

A.	Hospital	%	\$	D.	Communications	%	\$
B.	Power Plants	%	\$	E.	Railroads	%	\$
C.	Food Availability	%	\$	F.		%	\$

### 6. Damage to Public Property (indicate capacity lost and estimated dollar loss)

A.	Roads	%	\$	E.	Water Treatment	%	\$
B.	Bridges	%	\$	F.	Sewage Plants	%	\$
C.	Schools	%	\$	G.	Distribution Lines	%	\$
D.	Irrigation Districts	%	\$	H.	Airports	%	\$

### 7. Damage to Private Property (indicate capacity lost and estimated dollar loss)

A.	Dwelling Units	%	\$	C.	Farms & Ranches	%	\$
B.	Commercial Facilities	%	\$	F.	Livestock	%	\$

8. Are there large accumulations of debris? ☐ Yes ☐ No (if yes, explain in remarks).

9. Is the reporting government intact enough to fulfill its governing functions? ☐ Yes ☐ No.

### 10. Dollar amount of government resources spent to date for event

Emergency Services	Personnel	Materials	Equipment
Roads and Bridges	\$	\$	\$
Law Enforcement	\$	\$	\$
Fire and Rescue	\$	\$	\$
Other Services	\$	\$	\$
Contractual Services	\$	\$	\$
Sub Total	\$	\$	\$
<b>TOTAL RESOURCES</b>	<b>\$</b>		



## Damage Assessment Situation Report Form INT-92-105, Page 2 of 2

### 11. Assistance required to cope with the disaster or emergency (check ( ) requirement)

PUBLIC NEEDS	WATER SUPPLY	FLOOD FIGHT- ING	VICTIM NEEDS	ADMINISTRATION
<input type="checkbox"/> Restore Power	<input type="checkbox"/> Drinking	<input type="checkbox"/> Dike Building	<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Activate EOC
<input type="checkbox"/> Communications	<input type="checkbox"/> Sanitary Sewers, Etc.	<input type="checkbox"/> Sandbagging	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Public Announcements
<input type="checkbox"/> Transportation	<input type="checkbox"/> Fire Fighting	<input type="checkbox"/> Pumps	<input type="checkbox"/> Food	<input type="checkbox"/> Maps Available for:
<input type="checkbox"/> Secure Area	<input type="checkbox"/> Other	<input type="checkbox"/> Other (specify	<input type="checkbox"/> Shelter	<input type="checkbox"/> General Disaster Area
<input type="checkbox"/> Debris Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clothing	<input type="checkbox"/> Specific Damage Sites
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical	<input type="checkbox"/> Location EOC, DAC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Field Offices

12. Location of EOC \_\_\_\_\_

Telephone Number at EOC (    ) \_ \_ \_ - \_ \_ \_ \_

Other Communications Available \_\_\_\_\_

13. Amount of local government funding available for this disaster and expected to be appropriated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Remarks: \_\_\_\_\_

15. Name and title of person filling out this report \_\_\_\_\_

Date and Time \_\_\_\_\_ .

## Windshield Survey for Socio-Economic Impact Assessment, Page 1 of 6

**I. Death and Injuries**

Death & Injuries		#	Do You Require Outside Assistance For: (Check As Required)	
A.	Dead		Body Search	Hospitalization
B.	Injured Requiring Hospitalization		Body Evacuation	Specialized Treatment
			Mortuary Services	Supplies
			Identification	Personnel
			Other (specify	Other (specify
			Other (specify	Other (specify
			Other (specify	Other (specify

Explain All Boxes Checked:

**II. Emergency Protective Measures:**

- Are there any conditions threatening public health and safety or any which pose a threat of further damages to public or private property ( ) yes, ( ) no.
- Do you require outside assistance for:
  - \_\_\_\_\_ Equipment
  - \_\_\_\_\_ Manpower
  - \_\_\_\_\_ Technical Assistance
  - \_\_\_\_\_ Other

Explain all Items Checked \_\_\_\_\_

**III. Human Needs::**

- Estimated number of persons who will require additional funds to cover necessary expenses or serious needs which are covered by insurance or by state, federal, or volunteer agency disaster relief programs.
- Do you require mass feeding ( ) yes, ( ) no.
  - Total number of persons requiring mass feeding \_\_\_\_\_.
  - Total Number of persons presently being fed \_\_\_\_\_.
  - Number of persons still requiring feeding \_\_\_\_\_.
  - Outside assistance needed (food, preparation, storage, etc.): \_\_\_\_\_.
- Food Stamps—Estimated number of persons who may be eligible for food stamps \_\_\_\_\_.

**IV. Shelter and Housing:**

- Is there a requirement for shelter and housing? ( ) yes, ( ) no.
- Estimated number of persons needing short term (up to 30 days) shelter \_\_\_\_\_
  - Available local shelter capacity \_\_\_\_\_.

**Windshield Survey for Socio-Economic Impact Assessment, Page 2 of 6****IV. Shelter and Housing:**

1. Is there a requirement for shelter and housing? ( ) yes, ( ) no.
2. Estimated number of persons needing short term (up to 30 days) shelter \_\_\_\_\_ .
  - A. Available local shelter capacity \_\_\_\_\_ .
  - B. Outside shelter spaces needed \_\_\_\_\_ .
3. Number of families needing long-term (over 30 days) housing \_\_\_\_\_ .
  - A. Available housing units \_\_\_\_\_ .
  - B. Outside housing assistance needed \_\_\_\_\_ .
  - C. Local mobile home pads available \_\_\_\_\_ .
  - D. Can space and utility services be prepared for additional mobile homes within 30 days?  
( ) yes, ( ) no. How many?  
\_\_\_\_\_ .

**V. Health & Sanitation**

1. Is there a health/sanitation problem? ( ) yes, ( ) no.
2. Do you require outside help for:
  - A. Immunization \_\_\_\_\_ .
  - B. Potable Water \_\_\_\_\_ .
  - C. Sewage Disposal \_\_\_\_\_ .
  - D. Vector/Rodent Control \_\_\_\_\_ .
  - E. Crisis Counseling \_\_\_\_\_ .
  - F. Hazardous Material Cleanup \_\_\_\_\_ .

**V. Debris**

1. Is there a debris problem? ( ) yes, ( ) no.
2. Does debris threaten:
  - A. Public Health \_\_\_\_\_ .
  - B. Safety \_\_\_\_\_ .
  - C. Additional Property Damage \_\_\_\_\_ .
3. Does debris prevent access by:  
☐ Public Safety Forces   ☐ Homeowners   ☐ Business Customers   ☐ Recovery Teams
4. Is outside assistance required for debris removal? ( ) yes, ( ) no. If yes, explain need for special equipment or manpower \_\_\_\_\_ .  
\_\_\_\_\_ .

## Windshield Survey for Socio-Economic Impact Assessment, Page 3 of 6

### VII. Utilities:

1. Has there been damage to any private, public or private nonprofit utilities (including electric, gas, water, sewer, drainage, telephone, or broadcast media)? ( ) yes, ( ) no.

Phase II Utility Information							
Phase II Utilities	Number Of Persons Affected	Duration Of Disruption	Health & Safety Hazards	Outside Assistance Required			
				Manpower	Equipment	Supplies	Technical Assistance
Electric							
Gas							
Water Storage							
Water Distribution							
Water Supply							
Sewer Collection							
Sewer Treatment							
Telephone							
Transportation							
Irrigation							
Communications							

### VIII. Water Control Facilities:

1. Has there been damage to water control facilities? ( ) yes, ( ) no.  
 2. Does the damage threaten:

Dikes and Levees	Irrigation Work	Dams	Drainage Cannels	Debris Basins

3. Can the facility withstand additional damage? ( ) yes, ( ) no.

Irrigation	Power	Flood Control	Farmland	Urban Areas	Transportation	Other

4. Will the damage require evacuation? ( ) yes, ( ) no. If yes, estimated number of people \_\_\_\_\_.  
 5. Do you require outside assistance for:

Equipment	Manpower	Material	Technical Assistance	Other

### Windshield Survey for Socio-Economic Impact Assessment, Page 4 of 6

#### IX. Buildings and Appurtenances:

1. Has there been damage to any public buildings and their importance to the community ? ( ) yes, ( ) no.

#### IX. Buildings & Appurtenances

Type	Damage To ( ) yes	Critical to Public Health & Safety	Duration Of Disrup- tion	Outside Assistance Required				
				Manpower	Material	Equip- ment	Technical Assis- tance	Facility
Public Buildings								
Hospitals								
Schools								
Commercial Structures								
Transport Facilities								
Prisons								
Other								

#### IX. Buildings and Appurtenances:

1. Has there been damage to roads and bridges? ( ) yes, ( ) no.

#### X. Roads and Bridges

Type	Damage To ( ) yes	Critical to Public Health & Safety	Duration Of Disrup- tion	Outside Assistance Required				
				Man- power	Material	Equip- ment	Technical Assis- tance	Facility
School Bus Route								
Mail Routes								
Fire Protection								
Hospital Access								
Residential Access								
Commerce								
Public Safety/Security								
Major Employer								
Others								

## Windshield Survey for Socio-Economic Impact Assessment, Page 5 of 6

### XI. Business:

1. Has business damage resulted in the loss of essential goods or services? ( )yes, ( )no.  
If yes, which services \_\_\_\_\_.
- A. Is outside assistance required to supply these essential services? ( )yes, ( )no.
- B. Number of persons unemployed because of the disaster (include all self-employed persons: \_\_\_\_.  
Approximate percent of local work force this number represents: \_\_\_\_\_.
- C. Estimated loss of private income: \_\_\_\_\_.  
(Percent of total tax base) \_\_\_\_\_.
- D. Estimated recovery time for business sector: \_\_\_\_\_.

### XII. Agriculture:

1. Have farming/ranching or related operations been affected? ( )yes, ( )no.
2. What percent of your local economy can be directly attributed to agriculture? \_\_\_\_\_.
3. Estimated loss of agricultural income? \_\_\_\_\_.
4. Estimated recovery time for agricultural sector \_\_\_\_\_.
5. Number of agricultural workers unemployed \_\_\_\_\_.
6. Number of agricultural self-employed who are unemployed \_\_\_\_\_.

### XII. Socio-Economic Profile of Victims:

1. Number of elderly affected: \_\_\_\_\_.
2. Number of infirm affected: \_\_\_\_\_.
3. Number of non-English speaking persons affected: \_\_\_\_\_.
4. Number of low income or fixed income persons affected (I.e. those living on Social Security, persons, unemployment compensation). \_\_\_\_\_.
5. Number of permanent residents: \_\_\_\_\_.
6. Number of transient residents: \_\_\_\_\_.
7. Number of persons in affected custodial care facilities: \_\_\_\_\_.

### XIV. Ability of Community to Respond:

1. **HISTORY:** Explain the effects of any of the following occurrences on the community's ability to respond to, or recover from, the disaster:
  - A. Past Disasters: \_\_\_\_\_.
  - B. Economic slowdown, Business, or Agriculture: \_\_\_\_\_.
  - C. Population Change: \_\_\_\_\_.
  - D. Population Characteristics (age, income, etc.) \_\_\_\_\_.
  - E. Legal Restrictions \_\_\_\_\_.
  - F. Shortage of Critical Resources: \_\_\_\_\_.

**Windshield Survey for Socio-Economic Impact Assessment, Page 6 of 6**

2. Financial status: Briefly describe the effects of the following on the community's ability to respond to or recover from, the disaster:
- A. Tax Base (Estimate for this fiscal year): \_\_\_\_\_ .
  - B. Budget Surpluses or Deficits: \_\_\_\_\_ .  
\_\_\_\_\_  
\_\_\_\_\_ .
  - C. Amount in Emergency Fund: \$ \_\_\_\_\_ .
  - D. Borrowing Capacity (Legislative Limited, Audit Rating, etc.) \_\_\_\_\_ .  
\_\_\_\_\_  
\_\_\_\_\_ .
  - E. Ability to Levy Emergency Assessments: \_\_\_\_\_ .
3. Insurance:
- A. Public Facilities
    - 1. Estimated total loss \$ \_\_\_\_\_ .
    - 2. Estimated percentage covered by insurance \_\_\_\_\_ .
  - B. Business:
    - 1. Estimated total loss \$ \_\_\_\_\_ .
    - 2. Estimated percentage covered by insurance \_\_\_\_\_ .
  - C. Residential, non-agricultural:
    - 1. Estimated total loss \$ \_\_\_\_\_ .
    - 2. Estimated percentage covered by insurance \_\_\_\_\_ .
  - D. Other agricultural:
    - 1. Estimated total loss \$ \_\_\_\_\_ .
    - 2. Estimated percentage covered by insurance \_\_\_\_\_ .
  - E. Private nonprofit:
    - 1. Estimated total loss \$ \_\_\_\_\_ .
    - 2. Estimated percentage covered by insurance \_\_\_\_\_ .

**SUMMARY**

Explain in brief an evaluation of the community's ability to respond to the present disaster and the overall impact on people and the social system as a result of the disaster:

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## SAMPLE

**RIGHT OF ENTRY AGREEMENT**

I (We) \_\_\_\_\_ the owner(s) of the property commonly identified as \_\_\_\_\_ do hereby grant and give freely and without any coercion whatsoever, the right of access, entry, and use of and to said property to the City/Town of County of \_\_\_\_\_ State of \_\_\_\_\_ their agencies, contractors, and subcontractors thereof, for the purpose of inspecting, removing, and clearing any and all storm-generated debris of whatever nature from the above described property as may be necessary in the accomplishment of the foregoing.

**IT IS FULLY UNDERSTOOD THAT THIS PERMIT IS NOT AN OBLIGATION TO PERFORM DEBRIS CLEARANCE**

The undersigned agrees and warrants to hold harmless \_\_\_\_\_ (City/Town/County) \_\_\_\_\_ State of \_\_\_\_\_ their agencies, contractors, and \_\_\_\_\_ (County)

subcontractors, for any damage of any type, whatsoever, either to the above described property or persons situated thereon and hereby release, discharge, and waive any and all action, either legal or equitable which might arise out of any use or activities on the above described property. The properly owner(s) reserves the right to mark all or any storm damaged sewer lines, water lines, and other utility lines to be used as future reference points.

I/We (have have-not) (will \_\_\_\_\_ will-not) receive any compensation for debris removal from any other source including SBA, ASCS, private insurance, or any other public assistance program. For the considerations and purposes set herein, I hereby set my hand and seal this \_\_\_\_\_ of \_\_\_\_\_  
19

\_\_\_\_\_  
(Owner/Owners)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Current Address)

\_\_\_\_\_  
(Current Telephone No.)

**NOTE: This agreement must be completed prior to entry on private property for purposes of conducting emergency or disaster work.**



**SAMPLE****Authorization For Removal of Buildings**

I (We), \_\_\_\_\_ owner(s) of the property commonly  
identified as \_\_\_\_\_  
(Street) (City/Town) (County)

State of \_\_\_\_\_ hereby authorize that \_\_\_\_\_  
City/Town/District) (County)

State of \_\_\_\_\_, or its contractors or subcontractors to conduct the removal of structures or debris,  
located on the above described property except

\_\_\_\_\_  
I (We) make this authorization because I(We) desire to volunteer this property without compensation  
recognizing that it presents a potential hazard to the public safety. Health, or welfare.

The undersigned agree and warrant to hold harmless the \_\_\_\_\_ and  
the State of \_\_\_\_\_, including their agencies, contractors and subcontractors, for any damage of  
any type whatsoever either to the above described property or persons situated thereon and hereby  
release, discharge and waive any and all action, either legal or equitable which might arise out of any  
use or activities on the above described property.

For the considerations and purposes set forth herein, I hereby set my hand and seal this \_\_\_\_\_ day of  
2000 \_\_\_\_.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Owner-Owners)

\_\_\_\_\_  
(Owner-Owners)

\_\_\_\_\_  
(Current Telephone Number)

**NOTE: A Right of Entry Agreement must be negotiated at each site before work can  
start.**

State Emergency Management Office Team Leader			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Address 2		State:	
Office Phone:		Zip:	
Email:		Cell Phone:	
Home Phone:		Pager:	
Team ID		Expertise:	

Local Emergency Management Team Leader			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Address 2		State:	
Office Phone:		Zip:	
Email:		Cell Phone:	
Home Phone:		Pager:	
Team ID		Expertise:	

Residential Damage Inspection Team			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Address 2		State:	
Office Phone:		Zip:	
Email:		Cell Phone:	
Home Phone:		Pager:	
Team ID		Expertise:	

Residential Damage Inspection Team			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Address 2		State:	
Office Phone:		Zip:	
Email:		Cell Phone:	
Home Phone:		Pager:	
Team ID		Expertise:	

Residential Damage Inspection Team			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Business Damage Inspection Team			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Public Facilities Damage Inspection Team			
Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

Last Name:		First Name:	
Agency/Company			
Address 1		City:	
Office Phone:		State:	
Email:		Zip:	
Home Phone:		Cell Phone:	
Pager:		Expertise:	

FORCE ACCOUNT LABOR SUMMARY RECORD													Page	of
1. APPLICANT			2. PA ID			3. PW#			4. DISASTER NUMBER					
5. LOCATION/SITE						6. CATEGORY			7. PERIOD COVERING to					
8. DESCRIPTION OF WORK PERFORMED														
NAME		DATES AND HOURS WORKED EACH WEEK							COSTS					
JOB TITLE	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS	
NAME	REG.									\$	%	\$	\$	
JOB TITLE	O.T.									\$	%	\$	\$	
NAME	REG.									\$	%	\$	\$	
JOB TITLE	O.T.									\$	%	\$	\$	
NAME	REG.									\$	%	\$	\$	
JOB TITLE	O.T.									\$	%	\$	\$	
NAME	REG.									\$	%	\$	\$	
JOB TITLE	O.T.									\$	%	\$	\$	
NAME	REG.									\$	%	\$	\$	
JOB TITLE	O.T.									\$	%	\$	\$	
NAME	REG.									\$	%	\$	\$	
JOB TITLE	O.T.									\$	%	\$	\$	
Total Cost for Force Account Labor Regular Time												\$		
Total Cost for Force Account Labor Overtime												\$		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.														
CERTIFIED						TITLE						DATE		

### Force Account Labor Summary Record Instructions

Force account is the term to refer to the applicant's own personnel and equipment. Keep the following points in mind when compiling force account labor information:

1. Record regular and overtime hours separately.
2. Record the benefits separately for regular and overtime hours. Most overtime hours include fewer benefits than regular hours.
3. Attach an Applicant's Benefit Calculation Worksheet giving a breakdown of what is included in the benefits, by percentages (e.g., social security 20%, worker's compensation 3%, insurance 18%, etc.). Applicant can use an average rate if there are different benefit rates for different employees.

### Complete the Record as Follows

1. **Applicant:** Enter organization's name.
2. **PA ID:** Enter the computer tracking number that FEMA assigns to the applicant's organization. The PAC can provide it.
3. **PW#:** Enter the project number assigned to this project. If the project number assigned by FEMA is known, use that number.
4. **Disaster Number:** Enter the declaration number for this disaster here. The PAC can provide it.
5. **Location/site:** Enter physical address or location of project.
6. **Category:** Enter category of work, if known.
7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
8. **Description of Work Performed:** Briefly describe the type of work that was performed.

### Force Account Labor Summary Record Instructions (continued)

1. **Title:** Enter the title or occupation of each employee who worked on the project.
2. **REG:** Enter the regular hours that each employee worked on the project.
3. **OT:** Enter overtime hours that each employee worked on the project. **REMINDER: Only overtime is eligible for reimbursement for emergency work. Record both regular and overtime hours, so that personnel hours can be compared with equipment use hours, if necessary.**
4. **Total Hr:** Total the hours for each employee and enter the result in this block.
5. **Hourly Rate:** Enter each employee's hourly rate.
6. **Benefit Rate/Hr:** Enter each employee's hourly benefit rate. There should be different percentages for benefits pertaining to regular and overtime wages.
7. **Total Hourly:** Add the employee's hourly rate in the Rate/Hr block and the hourly benefits rate in the Benefits/Hr block and enter the result here.
8. **Total Costs:** Multiply the entries in Total Hours and Total Hourly and enter the result here.
9. **Total Cost:** Multiply the entries in the Total Hr and Total Rate/Hr blocks and enter the result here.
10. **Total Cost for Force Account Labor Regular Time:** Add the entries in the Total Cost, REG block for each employee and enter the results here.

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD										Page <input type="text"/> of <input type="text"/>		
1. APPLICANT		2. PA ID		3. PW#		4. DISASTER NUMBER						
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING (to)						
8. DESCRIPTION OF WORK PERFORMED												
TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE							TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
GRAND TOTALS												\$
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.												
CERTIFIED		TITLE					DATE					

Force Account Equipment Record (FACER)

### Force Account Equipment Summary Record Instructions

Force account is the term to refer to the applicant's own personnel and equipment. Keep the following points in mind when compiling force account labor information. Complete the record as follows:

1. **Applicant:** Enter organization's name.
2. **PA ID:** Enter the computer tracking number that FEMA assigns to the organization. The PAC can provide it.
3. **PW#:** Enter the project number assigned to this project. If the project number assigned by FEMA is known, use that number.
4. **Disaster Number:** Enter the declaration number for this disaster here. The PAC can provide it.
5. **Location/site:** Enter physical address or location of project.
6. **Category:** Enter category of work, if known.
7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
8. **Description of Work Performed:** Briefly describe the type of work that was performed.
9. **Type of Equipment:** Enter a brief description of the equipment, including the rated horsepower or capacity of the equipment. Be sure to include this information if applicant also uses a trade name or common name to describe the equipment, e.g., Ditch Witch.
10. **FEMA Code:** Enter the FEMA cost code for the equipment.
11. **Operator's Name:** Enter the equipment operator's name.
12. **Date/Hours Used:** Enter the dates and hours the equipment was used on the project.
13. **Total Hours:** Enter total hours equipment was in use.
14. **Equipment Rate:** Enter the hourly cost to use the equipment.
15. **Total Cost:** Multiply the number in the Total Hours block by the number in the Equipment Rate block and enter the result here.
16. **Grand Totals:** Add the numbers in the Total Hours blocks and Total Cost blocks enter the results here.



MATERIALS SUMMARY RECORD							Page _____ of _____	
1. APPLICANT		2. PAID		3. PW#		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING TO		
8. DESCRIPTION OF WORK PERFORMED								
VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
			\$	\$			INVOICE	STOCK
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
GRAND TOTAL							<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE			DATE	

Material Summary Record Form

## Materials Record Summary Instructions

This form is used to record the costs of supplies and materials purchased in response to the disaster or used to repair damages caused by the disaster. Complete the record as follows:

- Applicant:** Enter organization's name.
- PA ID:** Enter the computer tracking number that FEMA assigns to the organization. The PAC can provide it.
- PW#:** Enter the project number assigned to this project. If the project number assigned by FEMA is known, use that number.
- Disaster Number:** Enter the declaration number for this disaster here. The PAC can provide it.
- Location/Site:** Enter physical address or location of project.
- Category:** Enter category of work, if known.
- Period Covering:** Enter time period referenced for the information contained on this sheet.
- Description of Work Performed:** Briefly describe the type of work that was performed.
- Vendor:** Enter the name of the supplier if the material was bought specifically as a result of the disaster.
- Description:** Enter a brief description of the supplies or materials used or purchased.
- Quantity:** Enter amount of material used. (e.g., number, tonnage, etc.).
- Date Purchased:** Enter the date on the invoice.
- Date Used:** Enter date actually used/installed.
- Info From:** Check whether information entered on the form was obtained from actual invoice or if material was taken from stock on hand.
- Grand Total:** Add the numbers in the Total Price blocks and enter the result here.

RENTED EQUIPMENT SUMMARY RECORD					Page _____ of _____			
1. APPLICANT		2. PAID		3. PWR		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OU OPR					
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
GRAND TOTAL								
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE			DATE	

RENTED EQUIPMENT SUMMARY RECORD

## Rented Equipment Summary Record Instructions

This form is used to record the costs of equipment that the applicant had to rent or lease to respond to the disaster or to be used in making repairs to damages caused by the disaster. Complete the record as follows:

1. **Applicant:** Enter organization's name.
2. **PA ID:** Enter the computer tracking number that FEMA assigns to the organization. The PAC can provide it.
3. **PW #:** Enter the project number assigned to this project. If the project number assigned by FEMA is known, use that number.
4. **Disaster Number:** Enter the declaration number for this disaster here. The PAC can provide it.
5. **Location/Site:** Enter physical address or location of project.
6. **Category:** Enter category of work, if known.
7. **Period Covering:** Enter time period referenced for the information contained on this sheet.
8. **Description of Work Performed:** Briefly describe the type of work that was performed.
9. **Type of Equipment:** Enter a brief description of the equipment that applicant leased or rented, including the rated horsepower or capacity of the equipment. Be sure to include this information if applicant also uses a trade name or common name to describe the equipment, e.g., Ditch Witch.
10. **Dates/Hours Used:** Enter the dates and hours the equipment was used on the project.
11. **Rate Per Hour:** Enter the hourly rental or lease cost of the equipment. Indicate if the equipment was rented on a daily, weekly, or monthly rate, instead of an hourly rate. List in appropriate column if operator costs were included.
12. **Total Cost:** Multiply hours Used by Hourly Rate charged and enter total cost here.
13. **Vendor:** Enter the name of the company that rented or leased the equipment to applicant.
14. **Invoice No.:** Enter billing invoice number.
15. **Date/Amount Paid:** Enter date of payment and amount of check.
16. **Check No.:** List check number that was used to pay for equipment rental.
17. **Grand Total:** Add the dollar figure from the Amount Paid blocks and enter total here.

CONTRACT WORK SUMMARY RECORD				Page: <input type="text"/>	of <input type="text"/>
1. APPLICANT		2. PAID	3. PW#	4. DISASTER NUMBER	
5. LOCATION/SITE		6. CATEGORY		7. PERIOD COVERING TO	
8. DESCRIPTION OF WORK PERFORMED					
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS—SCOPE	
to			\$		
to			\$		
to			\$		
to			\$		
to			\$		
to			\$		
to			\$		
to			\$		
to			\$		
to			\$		
GRAND TOTAL			\$		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.					
CERTIFIED		TITLE		DATE	

CONTRACT WORK SUMMARY FORM

### Contract Work Summary Record Instructions

This form is used to record the costs of contracts that applicant awarded to respond to the disaster or to make repairs to damages caused by the disaster. Complete the record as follows:

- Applicant:** Enter organization's name.
- PA ID:** Enter the computer tracking number that FEMA assigns to the organization. The PAC can provide it.
- PW #:** Enter the project number assigned to this project. If the project number assigned by FEMA is known, use that number.
- Disaster Number:** Enter the declaration number for this disaster here. The PAC can provide it.
- Location/Site:** Enter physical address or location of project.
- Category:** Enter category of work, if known.
- Period Covering:** Enter time period referenced for the information contained on this sheet.
- Description of Work Performed:** Briefly describe the type of work that was performed.
- Invoice Number:** Enter the invoice number.
- Dates Worked:** Enter the dates that contractor work on the project.
- Contractor:** Enter the name of the contractor receiving the contract.
- Billing/Invoice Number:** Enter invoice or billing number submitted by contractor.
- Amount:** Enter the total dollar figure listed on the invoice for that project.
- Comments — Scope:** Enter a brief description of the work the contractor performed and/or other pertinent comments.
- Grand Total (includes contract labor):** Add the numbers in the Amount column and enter the result here.

## Applicant's Benefits Calculation Worksheet

BENEFITS CALCULATION WORKSHEET			PAGE ____ OF ____
1. APPLICANT		2. PAID	
3. DISASTER NUMBER		4. PWA	
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME	
HOLIDAYS			
VACATION LEAVE			
SICK LEAVE			
SOCIAL SECURITY			
MEDICARE			
UNEMPLOYMENT			
WORKERS COMP.			
RETIREMENT			
HEALTH BENEFITS			
LIFE INS. BENEFITS			
OTHER			
TOTAL % of annual salary			
COMMENTS			
<small>I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSFERRED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.</small>			
CERTIFIED BY	TITLE	DATE	

BENEFITS WORKSHEET

**Benefits Calculation**

Fringe benefits for force account labor are eligible. Except in extremely unusual cases, fringe benefits for overtime will be significantly less than regular time. The following steps will assist in calculating the percentage of fringe benefits paid on an employee's salary. Note that items and percentages will vary from one entity to another.

- The normal year consists of 2080 hours (52 weeks x 5 workdays/week x 8 hours/day). This does not include holidays and vacations.
- Determine the employee's basic hourly pay rate (annual salary/2080 hours).
  - Fringe benefit percentage for vacation time:** Divide the number of hours of annual vacation time provided to the employee by 2080 (80 hours (2 weeks)/2080 3.85%).
  - Fringe benefit percentage for paid holidays:** Divide the number of paid holiday hours by 2080 (64 hours (8 holidays)/2080 3.07%).
  - Retirement pay:** Because this measure varies widely, use only the percentage of salary matched by the employer.
  - Social Security and Unemployment Insurance:** Both are standard percentages of salary.
  - Insurance:** This benefit varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2.
  - Workman's Compensation:** This benefit also varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2. Use the rate per \$100 to determine the correct percentage.

**Applicant's Benefits Calculation Worksheet (continued)**

8. **Workman's Compensation:** This benefit also varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2. Use the rate per \$100 to determine the correct percentage.

Note: Typically, the applicant should not be charging the same rate for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however, some entities may charge retirement tax on all income.

**Sample Rates**

Although some rates may differ greatly between organizations due to their particular experiences, the table below provides some general guidelines that can be used as a reasonableness test to review submitted claims. These rates are based on experience in developing fringe rates for several state departments, the default rate is that used for the state of Florida, following Hurricane Andrew, and the review of several FEMA claims. The rates presented are determined using the gross wage method applicable to the personnel hourly rate (PHR) method. The net available hours method would result in higher rates.

***Paid Fringe Benefits***

HCA Matching.....	7.65% (or slightly less)
Retirement - Regular.....	17.00% (or less)
Retirement - Special Risk.....	25.00% (or slightly more)
Health Insurance.....	12.00% (or less)
Life & Disability Insurance .....	1.00% (or less)
Worker's Compensation .....	3.00% (or less)
Unemployment Insurance .....	0.25% (or less)

***Leave Fringe Benefits***

Accrued Annual Leave .....	7.00% (or less)
Sick Leave .....	4.00% (or less)
Administrative Leave.....	0.50% (or less)
Holiday Leave .....	4.00% (or less)
Compensatory Leave.....	2.00% (or less)

(Rates outside of these ranges are possible, but should be justified during the validation process)

### FEMA Schedule of Equipment Rates

The rates on this Schedule of Equipment Rates are for equipment in good mechanical condition, complete with all required attachments. Each rate covers all costs eligible under PL 93-288, as amended, for ownership and operation of equipment, including depreciation, all maintenance, field repairs, fuel, lubricants, tires, OSHA equipment and other costs incident to operation. Standby equipment costs are not eligible. Equipment must be in actual operation to be eligible. **LABOR COSTS OF OPERATOR ARE NOT INCLUDED** and should be approved separately from equipment costs. Information regarding the use of the schedule is contained in FEMA criteria. Rates for equipment not listed will be furnished by FEMA upon request. Any appeals shall be in accordance with 44 CFR 206.

**THESE RATES ARE APPLICABLE TO MAJOR DISASTERS AND EMERGENCIES DECLARED BY THE PRESIDENT AFTER THE DATE OF PUBLICATION OF THIS SCHEDULE.**

Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8010	Air Compressor	125 Cfm	to 65	Hoses are included.	hour	\$5.60
8011	Air Compressor	250 Cfm	to 95	Hoses are included.	hour	\$9.25
8012	Air Compressor	450 Cfm	to 150	Hoses are included.	hour	\$15.50
8013	Air Compressor	600 Cfm	to 200	Hoses are included.	hour	\$20.00
8014	Air Compressor	750 Cfm	to 240	Hoses are included.	hour	\$25.50
8015	Air Compressor	900 Cfm	to 260	Hoses are included.	hour	\$29.00
8016	Air Compressor	1200 Cfm	to 325	Hoses are included.	hour	\$41.00
8020	Air Curtain Burner	In Ground	to 30	In ground burner.	hour	\$4.80
8021	Air Curtain Burner	In Ground	to 60	In ground burner.	hour	\$7.40
8022	Air Curtain Burner	In Ground	to 90	In ground burner.	hour	\$9.75
8023	Air Curtain Burner	Above Ground	to 30	Above ground burner.	hour	\$5.80
8024	Air Curtain Burner	Above Ground	to 60	Above ground burner.	hour	\$8.25
8025	Air Curtain Burner	Above Ground	to 90	Above ground burner.	hour	\$10.75
8040	Ambulance		to 150		hour	\$13.75
8041	Ambulance		to 210		hour	\$21.00
8060	Auger, Portable	12 In	to 5		hour	\$0.70
8070	Automobile		to 130	Mileage rate when transporting people.	mile	\$0.30
8071	Automobile, Police		to 250	This is a mileage rate.	mile	\$0.35
8072	Automobile, Police		to 250	Vehicle in a fixed position with the engine running and/or the warning lights flashing.	hour	\$8.50
8810	Backhoe, Small	See Loader-Backhoe				
8820	Backhoe, Large	See Hydraulic Excav.				
8110	Barge, Deck	7.25'x30'x120'			hour	\$19.00
8111	Barge, Deck	7'x45'x120'			hour	\$28.50
8120	Barge, Hopper	12'x35'x195'		This is an open barge.	hour	\$31.00
8050	Board, Arrow, Trailer		to 8		hour	\$1.50
8051	Board, Message, Trailer		to 5		hour	\$5.10
8131	Boat	5'x13'	to 50	Includes outboards.	hour	\$7.20
8830	Boat		to 100	Includes outboards and inboards.	hour	\$17.00

Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8831	Boat		to 150	Includes outboards and inboards.	hour	\$22.00
8832	Boat		to 200	Includes outboards and inboards.	hour	\$27.00
8833	Boat		to 250	Includes outboards and inboards.	hour	\$33.00
8834	Boat		to 300	Includes outboards and inboards.	hour	\$38.00
8840	Boat, Air		to 100		hour	\$12.00
8841	Boat, Air		to 200		hour	\$18.00
8842	Boat, Air		to 300		hour	\$28.00
8133	Boat, Push	16'x45'	to 435		hour	\$76.00
8134	Boat, Push	21'x54'	to 525		hour	\$103.00
8130	Boat, Row			This includes the oars.	hour	\$0.55
8132	Boat, Tender	7'x14'	to 75		hour	\$13.50
8140	Boat, Tug	16 Ft	to 100		hour	\$16.50
8141	Boat, Tug	18 Ft	to 175		hour	\$26.00
8142	Boat, Tug	26 Ft	to 250		hour	\$33.00
8143	Boat, Tug	40 Ft	to 380		hour	\$81.00
8420	Breaker, Pavement		to 80		hour	\$15.00
8421	Breaker, Pavement		to 137		hour	\$31.00
8150	Broom, Pavement	72 In	to 32		hour	\$6.20
8151	Broom, Pavement	84 In	to 90		hour	\$9.75
8170	Broom, Pavement, Mtd	72 In			hour	\$1.60
8171	Broom, Pavement, Mtd	72 In	to 18		hour	\$2.50
8160	Broom, Pavement, Pull	84 In			hour	\$3.30
8180	Bus		to 150		hour	\$9.50
8181	Bus		to 210		hour	\$14.75
8180	Bus		to 150		hour	\$9.50
8181	Bus		to 210		hour	\$14.75
8182	Bus		to 300		hour	\$20.00
8190	Chain Saw	25 In			hour	\$2.40
8200	Chipper	7 In	to 30		hour	\$5.90
8201	Chipper	12 In	to 65		hour	\$8.00
8202	Chipper	12 In	to 125		hour	\$12.00
8203	Chipper	12 In	to 171		hour	\$14.50
8204	Chipper	18 In	to 250		hour	\$24.50
8205	Chipper	19 In	to 350		hour	\$59.00
8206	Chipper	19 In	to 475		hour	\$63.00
8207	Chipper		to 650		hour	\$87.00
8210	Clamshell & Dragline		to 128		hour	\$67.00
8211	Clamshell & Dragline		to 250		hour	\$74.00
8220	Compactor		to 10	Includes hand held and manually operated equipment.	hour	\$3.20

Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8221	Compactor		to 50		hour	\$6.80
8222	Compactor		to 80		hour	\$11.25
8223	Compactor		to 110		hour	\$15.50
8224	Compactor		to 150		hour	\$21.00
8225	Compactor		to 186		hour	\$25.50
8226	Compactor		to 210		hour	\$42.00
8227	Compactor		to 318		hour	\$70.00
8228	Compactor, Towed	Drum		Rate is for each drum.	hour	\$1.00
8230	Crane, Lifting	8 Tons	to 80		hour	\$14.50
8231	Crane, Lifting	16 Tons	to 150		hour	\$36.00
8232	Crane, Lifting	32 Tons	to 210		hour	\$55.00
8233	Crane, Lifting	55 Tons	to 325		hour	\$81.00
8250	Dozer, Crawler		to 70		hour	\$16.50
8251	Dozer, Crawler		to 115		hour	\$21.50
8252	Dozer, Crawler		to 160		hour	\$31.00
8253	Dozer, Crawler		to 240		hour	\$40.00
8254	Dozer, Crawler		to 310		hour	\$70.00
8261	Dozer, Wheel		to 210	See 8260 for small wheel tractors/ dozers.	hour	\$38.00
8262	Dozer, Wheel		to 310		hour	\$55.00
8263	Dozer, Wheel		to 454		hour	\$89.00
8280	Excavator, Hydraulic	0.5 CY		Includes truck, crawler and wheel mtd eqmt.	hour	\$29.00
8281	Excavator, Hydraulic	1.0 CY		Includes truck, crawler and wheel mtd eqmt.	hour	\$34.00
8282	Excavator, Hydraulic	1.5 CY		Includes truck, crawler and wheel mtd eqmt.	hour	\$44.00
8283	Excavator, Hydraulic	2.0 CY		Includes truck, crawler and wheel mtd eqmt.	hour	\$57.00
8284	Excavator, Hydraulic	2.5 CY		Includes truck, crawler and wheel mtd eqmt.	hour	\$73.00
8300	Fork Lift	4000 Lbs	to 50		hour	\$4.50
8301	Fork Lift	11000 Lbs	to 100		hour	\$8.25
8310	Generator	5 KW	to 11		hour	\$1.20
8311	Generator	15 KW	to 30		hour	\$3.00
8312	Generator	40 KW	to 57		hour	\$6.00
8313	Generator	65 KW	to 92		hour	\$10.25
8314	Generator	110 KW	to 160		hour	\$15.50
8315	Generator	125 KW	to 200		hour	\$22.00
8316	Generator	270 KW	to 390		hour	\$26.50
8317	Generator	400 KW	to 570		hour	\$38.00



Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8318	Generator	500 KW	to 715		hour	\$56.00
8319	Generator	750 KW	to 1050		hour	\$75.00
8320	Golf Cart	2 Person			hour	\$1.80
8330	Grader	10' Blade	to 100	Includes rigid and articulated equipment.	hour	\$15.00
8331	Grader	12' Blade	to 140	Includes rigid and articulated equipment.	hour	\$25.00
8332	Grader	12' Blade	to 200	Includes rigid and articulated equipment.	hour	\$31.00
8350	Hose	3 In		Discharge hoses for pumps. Suction hoses are included with pumps.	hour	\$0.05
8351	Hose	4 In		Discharge hoses for pumps. Suction hoses are included with pumps.	hour	\$0.10
8352	Hose	6 In		Discharge hoses for pumps. Suction hoses are included with pumps.	hour	\$0.15
8353	Hose	8 In		Discharge hoses for pumps. Suction hoses are included with pumps.	hour	\$0.20
8354	Hose	12 In		Discharge hoses for pumps. Suction hoses are included with pumps.	hour	\$0.35
8355	Hose	16 In		Discharge hoses for pumps. Suction hoses are included with pumps.	hour	\$0.75
8360	Jackhammer			Hoses between air compressor and jackhammer are included in rate of air compressor.	hour	\$0.60
8370	Lift, Scissor	1500 Lbs	to 20		hour	\$4.70
8380	Loader, Crawler	0.5 CY	to 32		hour	\$7.75
8381	Loader, Crawler	1.0 CY	to 70		hour	\$14.00
8382	Loader, Crawler	1.5 CY	to 90		hour	\$17.50
8383	Loader, Crawler	2.0 CY	to 120		hour	\$26.00
8384	Loader, Crawler	2.5 CY	to 150		hour	\$35.00
8385	Loader, Crawler	3.0 CY	to 170		hour	\$40.00
8540	Loader, Skid	1000 Lbs	to 27		hour	\$4.90
8541	Loader, Skid	2000 Lbs	to 73		hour	\$7.40
8542	Loader, Skid	4000 Lbs	to 94		hour	\$15.50
8390	Loader, Wheel	0.75 CY	to 63		hour	\$7.30
8391	Loader, Wheel	1.0 CY	to 74		hour	\$9.75
8392	Loader, Wheel	1.5 CY	to 75		hour	\$15.00
8393	Loader, Wheel	2.0 CY	to 115		hour	\$18.00
8394	Loader, Wheel	2.5 CY	to 144		hour	\$20.50
8395	Loader, Wheel	3.0 CY	to 160		hour	\$25.00
8396	Loader, Wheel	3.5 CY	to 196		hour	\$29.50
8397	Loader, Wheel	4.0 CY	to 248		hour	\$36.00
8570	Loader-Backhoe, Wheel	1.03 CY	to 74	Capacity is the loader bucket and not the backhoe bucket.	hour	\$10.00

Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8571	Loader-Backhoe, Wheel	1.5 CY	to 95	Capacity is the loader bucket and not the back-hoe bucket.	hour	\$14.50
8572	Loader-Backhoe, Wheel	1.75 CY	to 115	Capacity is the loader bucket and not the back-hoe bucket.	hour	\$19.00
8410	Mixer, Concrete, Port	6 CF	to 7		hour	\$1.50
8411	Mixer, Concrete, Port	12 CF	to 9		hour	\$2.10
8400	Mixer, Trailer Mounted	6 CF	to 18		hour	\$3.80
8401	Mixer, Trailer Mounted	16 CF	to 25		hour	\$7.50
8632	Mulcher, Trailer Mtd		to 35		hour	\$4.80
8430	Paver, Asphalt	8 Ft	to 35	Includes wheel and crawler equipment.	hour	\$8.50
8431	Paver, Asphalt	8 Ft	to 71	Includes wheel and crawler equipment.	hour	\$19.50
8432	Paver, Asphalt	10 Ft	to 130	Included wheel and crawler equipment.	hour	\$49.00
8433	Paver, Asphalt	10 Ft	to 200	Includes wheel and crawler equipment.	hour	\$65.00
8434	Paver, Asphalt	10 Ft	to 234	Includes wheel and crawler equipment.	hour	\$80.00
8450	Plow, Grader Mtd	10.5 Ft			hour	\$6.90
8440	Plow, Truck Mtd				hour	\$3.60
8470	Pump	2 In	to 8		hour	\$2.10
8471	Pump	3 In	to 12		hour	\$2.80
8472	Pump	4 In	to 30		hour	\$6.00
8473	Pump	6 In	to 60		hour	\$8.50
8474	Pump	8 In	to 70		hour	\$12.75
8475	Pump	10 In	to 85		hour	\$15.00
8476	Pump	12 In	to 90		hour	\$17.50
8463	Pump Extender	20 Ft		Extender for a Pump W/O Power	hour	\$0.80
8460	Pump, W/O Power	6 In			hour	\$1.50
8461	Pump, W/O Power	12 In			hour	\$2.00
8462	Pump, W/O Power	24 In			hour	\$4.70
8510	Saw, Concrete	14 In	to 20		hour	\$2.40
8511	Saw, Concrete	26 In	to 35		hour	\$5.70
8512	Saw, Concrete	36 In	to 65		hour	\$9.25
8520	Scraper	11 CY	to 180		hour	\$47.00
8521	Scraper	21 CY	to 330		hour	\$70.00
8522	Scraper	31 CY	to 450		hour	\$102.00
8640	Trailer, Office	8 ' x 24 '		Based on a daily rate.	day	\$10.75
8641	Trailer, Office	8 ' x 32 '		Based on a daily rate.	day	\$12.75
8610	Trailer, Water	3000 Gal			hour	\$10.00
8611	Trailer, Water	6000 Gal			hour	\$12.75
8612	Trailer, Water	9000 Gal			hour	\$14.75
8613	Trailer, Water	12000 Gal			hour	\$16.50

Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8650	Trencher		to 35		hour	\$3.80
8651	Trencher		to 85		hour	\$15.50
8652	Trencher		to 115		hour	\$31.00
8653	Trencher		to 175		hour	\$49.00
8290	Trowel, Concrete	46 In	to 8		hour	\$1.40
8710	Truck, Bucket	30 Ft	to 150		hour	\$12.50
8711	Truck, Bucket	60 Ft	to 210		hour	\$26.00
8712	Truck, Cleaning	5 CY	to 150		hour	\$19.00
8713	Truck, Cleaning	14 CY	to 210		hour	\$28.50
8680	Truck, Concrete	8 CY	to 235		hour	\$39.00
8681	Truck, Concrete	12 CY	to 285		hour	\$43.00
8720	Truck, Dump	8 CY	to 180		hour	\$14.25
8721	Truck, Dump	10 CY	to 235		hour	\$22.00
8722	Truck, Dump	12 CY	to 255		hour	\$26.00
8723	Truck, Dump	18 CY	to 325		hour	\$32.00
8690	Truck, Fire		to 200		hour	\$24.50
8691	Truck, Fire		to 300		hour	\$35.00
8692	Truck, Fire		to 400		hour	\$45.00
8700	Truck, Flatbed	6000 Lbs	to 140		hour	\$8.75
8701	Truck, Flatbed	15000 Lbs	to 210		hour	\$11.25
8702	Truck, Flatbed	25000 Lbs	to 210		hour	\$13.75
8730	Truck, Garbage	25 CY	to 255		hour	\$26.00
8731	Truck, Garbage	32 CY	to 325		hour	\$32.00
8714	Truck, Line		to 150		hour	\$26.00
8715	Truck, Line		to 210		hour	\$31.00
8803	Truck, Pick up	0.50 Ton	to 130	Mileage rate for transporting people. If vehicle was for hauling, etc. use hourly rate.	mile	\$0.30
8800	Truck, Pick-up	0.50 Ton	to 130		hour	\$5.60
8801	Truck, Pick-up	0.75 Ton	to 130		hour	\$6.30
8802	Truck, Pick-up	1.00 Ton	to 180		hour	\$7.50
8790	Truck, Tractor	30000 Lbs	to 210		hour	\$18.50
8791	Truck, Tractor	35000 Lbs	to 265		hour	\$23.50
8792	Truck, Tractor	50000 Lbs	to 310		hour	\$26.00
8780	Truck, Water	2000 Gal	to 175		hour	\$16.00
8781	Truck, Water	3500 Gal	to 250		hour	\$19.00
8620	Tub Grinder		to 425		hour	\$46.00
8621	Tub Grinder		to 450		hour	\$63.00
8622	Tub Grinder		to 550		hour	\$81.00

Cost Code	Equipment	Capacity/ Size	HP	Assumption	Unit	Hourly Rate
8623	Tub Grinder		to 650		hour	\$102.00
8624	Tub Grinder		to 800		hour	\$129.00
8625	Tub Grinder		to 1000		hour	\$147.00
8321	Vehicle, Recreational		to 10	Rate can be used for utility vehicles.	hour	\$1.80
8750	Vehicle, Small		to 30		hour	\$3.40
8761	Vibrator, Concrete		to 8		hour	\$1.20
8770	Welder	200 Amp	to 16		hour	\$1.90
8771	Welder	300 Amp	to 34		hour	\$3.90
8772	Welder	400 Amp	to 50		hour	\$5.60

COST SUMMARY SHEET			
Applicant Name _____		Page _____ of _____ pages	
Federal Declaration No. _____ PA ID No. _____		Time Period From _____ To _____	
PW # _____ Work Location _____		Job Site Number _____	
	Claimed Cost	Comments	Eligible Costs
Force Account Labor		..... ..... .....	
Force Account Equipment		..... ..... .....	
Force Account Materials		..... ..... .....	
Rental Equipment		..... ..... .....	
Contractual Services		..... ..... .....	
Total		Total	
I certify that the above information was furnished from time sheets, equipment logs, invoices, stock records or other documents available for audit.			
Certified By _____ Title _____		Date _____	